

# CONTEXT, RESPONSE AND LESSONS LEARNED

## WE SAW

Incidents related to GBV increased by

**50%**

or more in multiple Latin American countries

Women and girls faced critical barriers to accessing



**lifesaving care**

Women and girls, including GBV survivors, were less able to obtain services related to:



**case management, mental health and psychosocial**



**reproductive health**



**justice and protection**

## WE DID

- The subsector launched UNDP's multi year study on Venezuelan women's access to livelihoods in relation to increased GBV risks.
- A pilot project was conducted in Ecuador and a manual was produced on how to Support GBV Survivors and Mitigate GBV Risks through Cash Transfers.

### Coordination and capacity-building

- Two new Sub-sectors were created in the Caribbean and Guyana.
- An in-person Coordination in Emergencies training was developed for 37 GBV Subsector leads and focal points from 10 countries.

### Technical guidance

- We developed a manual for non-GBV specialists on handling disclosures and providing ethical referrals to GBV survivors.
- We developed a manual for remote psychosocial services for GBV survivors and a specialized guidance on remote case management and psychosocial care for adolescent survivors.

We adapted manuals on adaptation of GBV response services to remote modalities.

### Risk mitigation

- We mainstreamed women and girls' protection and integration in other Sectors' strategies.

## WE LEARNED

Funding shortages made it difficult for GBV responders to invest in technology to provide care through remote modalities. The redirection of financial resources to the COVID-19 response reduced the availability of care for survivors.

The Subsector must prioritize engagement with civil society, UN agencies and donors to highlight key protection gaps and ensure that GBV prevention, mitigation and response continue to be prioritized in the humanitarian agenda.



Read the full report [here](#)

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